

2028.02

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Attorney's Docket No.: AVNT-006PN

PATENT APPLICATION

Express Mail Label No.: ET844496320US

Date of Deposit: February 27, 2002

**PATENT APPLICATION TRANSMITTAL LETTER**

TO THE ASSISTANT COMMISSIONER FOR PATENTS  
**Box Patent Application**  
Washington, D.C. 20231

Transmitted herewith for filing is the original patent application of the following  
inventors: David S. SOANE, William WARE, Jr., and David A. OFFORD  
for the invention entitled: "Abrasion- and Wrinkle-Resistant Finish for Textiles".

Enclosed are:

- ☒ Application Data Sheet (3 pages)
- ☐ Nonpublication Certificate
- ☒ Specification having 14 pages, including 19 claim(s) and an Abstract
- ☐     Sheets of     Informal or     Formal Drawings
- ☒ Declaration (4 pages)
- ☒ Power of Attorney by Assignee
- ☐ Information Disclosure Statement, Form PTO-1449, and cc of references
- ☒ Assignment and Assignment Recordation Cover Sheet
- ☒ Fee Transmittal Sheet
- ☒ Credit Card Payment Form PTO-2038 for \$864.00
- ☒ Postcard indicating receipt of this application. Please date-stamp and return the postcard.

Respectfully submitted,

*Jacqueline S. Larson*

Jacqueline S. Larson, Reg. No. 30,279  
Attorney for Applicant(s)  
P.O. Box 2426  
Santa Clara, CA 95055-2426

Date: Feb. 27, 2002

408-615-0502

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Approved for use through 10/31/2002. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2002</h2> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision.</p>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	
		not assigned	
		Filing Date	
		on Evendate Herewith	
		First Named Inventor	
		David S. Soane	
<b>TOTAL AMOUNT OF PAYMENT</b>		Examiner Name	
		not assigned	
		Group Art Unit	
		not assigned	
		Attorney Docket No.	
		AVNT-006PN	

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																																																																																														
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number: <input style="width: 100%;" type="text"/> Deposit Account Name: <input style="width: 100%;" type="text"/> The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above identified deposit account	<h3>3. ADDITIONAL FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non - English specification</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for ex parte reexamination</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>116</td> <td>400</td> <td>216</td> <td>200</td> <td>Extension for reply within second month</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>117</td> <td>920</td> <td>217</td> <td>460</td> <td>Extension for reply within third month</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>118</td> <td>1,440</td> <td>218</td> <td>720</td> <td>Extension for reply within fourth month</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>128</td> <td>1,960</td> <td>228</td> <td>980</td> <td>Extension for reply within fifth month</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>119</td> <td>320</td> <td>219</td> <td>160</td> <td>Notice of Appeal</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>120</td> <td>320</td> <td>220</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>121</td> <td>280</td> <td>221</td> <td>140</td> <td>Request for oral hearing</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive - 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103	18	203	9	Claims in excess of 20	<input style="width: 50px;" type="text"/>																																																																																																																																																																																										
102	84	202	42	Independent claims in excess of 3	<input style="width: 50px;" type="text"/>																																																																																																																																																																																										
104	280	204	140	Multiple dependent claim, if not paid	<input style="width: 50px;" type="text"/>																																																																																																																																																																																										
109	84	209	42	** Reissue independent claims over original patent	<input style="width: 50px;" type="text"/>																																																																																																																																																																																										
110	18	210	9	** Reissue claims in excess of 20 and over original patent	<input style="width: 50px;" type="text"/>																																																																																																																																																																																										
SUBTOTAL (2)					84.00																																																																																																																																																																																										

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Jacqueline S. Larson	Registration No. (Attorney/Agent)	30,279
Signature	<i>Jacqueline S. Larson</i>	Telephone	408-615-0502
		Date	Feb. 27, 2002

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